

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001426

STATE FILE NUMBER

23

FILED JAN 21 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar No.

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Idaho</i> b. COUNTY <i>Ada</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Boise</i> <i>8110</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Union Station</i>		Length of stay in lb <i>passing thru</i>	d. STREET ADDRESS (If outside, give location) <i>6122 Popular</i>
3. NAME OF DECEASED (Type or print) First <i>PHILLIP</i> Middle <i>L.</i> Last <i>Mc MILLAN</i>		4. DATE OF DEATH Month <i>1</i> Day <i>4</i> Year <i>59</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov 18 1885</i>
9. AGE (In years last birthday) <i>73</i>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Hawesee, Ark</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Alfred McMillan</i>	
13b. MOTHER'S MAIDEN NAME <i>Nancy Harris</i>		14. NAME OF HUSBAND OR WIFE <i>Cora McMillan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>430-24-2624</i>	
17. INFORMANT <i>Cora McMillan</i>		Address <i>Boise, Idaho</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Hugh H Owens</i>		22b. ADDRESS <i>1034 Realty Bldg</i>	22c. DATE SIGNER <i>1-4-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1-5-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>-</i>	23d. LOCATION (City, town, or county) (State) <i>Boise Idaho noel mo.</i>
24. FUNERAL DIRECTOR <i>Sebbelos</i>		ADDRESS <i>KC MO.</i>	25. DATE RECD. BY LOCAL REG. <i>1-4-59</i>
		26. REGISTRAR'S SIGNATURE <i>neva Minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

MEDICAL CERTIFICATION

JAN 27 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Forrest D. Colborn*

Licensed Embalmer No. *416*
P. O. Address *K.L.M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.